

STANDARD CERTIFICATE OF DEATH

18761
State File No.

FILED JUN 16 1955

BIRTH NO. 28527-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2304

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>KANSAS CITY - NE 1st</u>		c. LENGTH OF STAY (in this place) <u>5 Da.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Meigs Hospital</u>				STREET ADDRESS (If rural, give location) <u>R.R. #4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> (Middle) <u>DEAN</u> c. (Last) <u>KING</u>				4. DATE OF DEATH (Month) <u>5</u> (Day) <u>18</u> (Year) <u>55</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>5-19-55</u>	
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Smith Field Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hershel King</u>				13b. MOTHER'S MAIDEN NAME <u>Arlene Burns</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hershel King R.F.D. N.H.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brachio-Pneumonia, Anasarca</u> INTERVAL BETWEEN ONSET AND DEATH <u>7562</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Tracheo. Esophageal fistula</u> DUE TO (b) <u>None</u> DUE TO (c) <u>Empyema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tracheo. Esophageal fistula</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Tracheo. Esophageal fistula</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-24, 1955</u> , to <u>5-28, 1955</u> , that I last saw the deceased alive on <u>5-28, 1955</u> , and that death occurred at <u>5-28, 1955</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title)				23b. ADDRESS <u>1710. Independence Ave.</u>		23c. DATE SIGNED <u>5-28-55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>May-28-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robbins Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Deering, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5-28-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman & Son Inc.</u> ADDRESS <u>N.H.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *W.C. Rine*

Licensed Embalmer No. *481*

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.